Fees Paid (\$)

790.00

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number PATE IT ADENES Effective on 12/08/2004. Complete if Known pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/648,497 Application Number **FEE TRANSMITTAL** 8/25/2003 Filing Date For FY 2005 Sam Idicula First Named Inventor Gortayo, Dangelino N. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2168 Art Unit (\$)1090.00 TOTAL AMOUNT OF PAYMENT 50277-2238 Attorney Docket Number METHOD OF PAYMENT (check all that apply) Check **Credit Card** Money Order None Other (please identify): Deposit Account Name: Hickman Palermo Truong & Becker LLP Deposit Account Deposit Account Number: 50-1302 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 250 200 100 Utility 300 150 500 65 Design 100 50 130 200 100 150 160 80 200 100 300 Plant 600 300 150 500 250 300 Reissue 0 0 100 0 0 200 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues 50 25 Each independent claim over 3 (including Reissues) 100 200 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee (\$) Fee Paid (\$) **Extra Claims** ___ - 20 or 28 = ___ 2 x 50.00 = 100.00 HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 1 200.00 x 200.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fees Paid (\$) **Total Sheets** Extra Sheets (round up to a whole number) x

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- 100 = _____ / 50 =

Other (e.g., late filing surcharge) RCE filing fee

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)